

STATE OF ARIZONA BENEFIT OPTIONS RETIREE/LTD ENROLLMENT/CHANGE FORM 2004/2005

☐ NEW RETIREE ☐ NEW LTD PARTICIPANT ☐ ADDRESS CHANGE ☐ QUALIFIED LIFE EVENT ☐ TERMINATE INSURANCE

☐ RETIRED ☐ DISABLED ☐ SURVIVING SPOUSE

☐ ASRS (ZA)

☐ PSPRS, CORP, EORP (ZP)

☐ OPTIONAL (ZT)

EFFECTIVE DATE

DECEASED MEMBERS NAME:

DECEASED DATE:

PARTICIPANT IDENTIFICATION

LAST NAME, FIRST NAME, M.I.	Employee ID Number or SSN	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	DATE OF BIRTH	
STREET ADDRESS	CITY, STATE	ZIP CODE	COUNTY (IF AZ)		
<input type="checkbox"/> I HAVE MEDICARE A <input type="checkbox"/> I HAVE MEDICARE B If you are a new participant please attach a copy of Medicare card.	HOME PHONE NUMBER	LAST DAY WORKED	DATE RETIRED	YEARS EMPLOYED	PREMIUM BENEFIT

RETIREE & LTD PARTICIPANT VISION PREMIUMS

☐ I DECLINE VISION COVERAGE

Monthly Premium Amounts	IVR/Plan Code	Retiree Only	IVR/Plan Code	Retiree & Dependent(s)
Avesis	07	\$8.96	08	\$18.82

MEDICAL COVERAGE - MARK APPROPRIATE BOX

☐ I DECLINE MEDICAL COVERAGE (WHLT)

WITHOUT MEDICARE

Monthly Premium Amounts	IVR/Plan Code	Retiree Only	IVR/Plan Code	Retiree & Dependents
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Maricopa County Region includes Apache Junction

RAN+AMN (HMA) EPO	07	<input type="checkbox"/> \$337.00	08	<input type="checkbox"/> \$843.00
Schaller Anderson Healthcare (SA) EPO	01	<input type="checkbox"/> \$337.00	02	<input type="checkbox"/> \$843.00
United Healthcare (UHC) EPO	13	<input type="checkbox"/> \$347.00	14	<input type="checkbox"/> \$843.00
Arizona Foundation (AZF) PPO	25	<input type="checkbox"/> \$559.00	26	<input type="checkbox"/> \$1,370.00
United Healthcare (UHC) PPO	19	<input type="checkbox"/> \$569.00	20	<input type="checkbox"/> \$1,380.00

Gila and Pinal County Region: Gila and Pinal County

Arizona Foundation (AZF) PPO	69	<input type="checkbox"/> \$559.00	70	<input type="checkbox"/> \$1,370.00
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Rural County Region: Yuma, La Paz, Mohave, Yavapai, Coconino, Navajo, Apache, Graham, Greenlee, and Cochise Counties

Arizona Foundation (AZF) PPO	81	<input type="checkbox"/> \$583.00	82	<input type="checkbox"/> \$1,458.00
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Santa Cruz County Region: Santa Cruz

Arizona Foundation (AZF) PPO	75	<input type="checkbox"/> \$516.00	76	<input type="checkbox"/> \$1,249.00
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Pima County Region: Pima County

RAN+AMN (HMA) EPO	41	<input type="checkbox"/> \$327.00	42	<input type="checkbox"/> \$817.00
Schaller Anderson Healthcare (SA) EPO	35	<input type="checkbox"/> \$327.00	36	<input type="checkbox"/> \$817.00
United Healthcare (UHC) EPO	47	<input type="checkbox"/> \$337.00	48	<input type="checkbox"/> \$827.00
Arizona Foundation (AZF) PPO	59	<input type="checkbox"/> \$516.00	60	<input type="checkbox"/> \$1,249.00
United Healthcare (UHC) PPO	53	<input type="checkbox"/> \$526.00	54	<input type="checkbox"/> \$1,259.00

Out-of State

Beech Street PPO	87	<input type="checkbox"/> \$583.00	88	<input type="checkbox"/> \$1,458.00
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NAU Only - Available in ALL Regions

Blue Cross/Blue Shield of AZ PPO	93	<input type="checkbox"/> \$445.14	94	<input type="checkbox"/> \$1,143.64
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STATE OF ARIZONA BENEFIT OPTIONS RETIREE/LTD ENROLLMENT/CHANGE FORM 2004/2005 CONTINUED										
WITH MEDICARE A & B										
Monthly Premium Amounts	IVR/Plan Code	Retiree Only with Medicare	IVR/Plan Code	Retiree & Spouse or Dependent with Medicare	IVR/Plan Code	Retiree & Spouse: One with Medicare, the other without	IVR/Plan Code	Retiree and/or Spouse with Medicare; Dependents without		
Maricopa County Region includes Apache Junction										
RAN+AMN (HMA) EPO	09	<input type="checkbox"/> \$300.00	10	<input type="checkbox"/> \$600.00	11	<input type="checkbox"/> \$657.00	12	<input type="checkbox"/> \$792.00		
Schaller Anderson Healthcare (SA) EPO	03	<input type="checkbox"/> \$300.00	04	<input type="checkbox"/> \$600.00	05	<input type="checkbox"/> \$657.00	06	<input type="checkbox"/> \$792.00		
United Healthcare (UHC) EPO	15	<input type="checkbox"/> \$310.00	16	<input type="checkbox"/> \$610.00	17	<input type="checkbox"/> \$667.00	18	<input type="checkbox"/> \$802.00		
Arizona Foundation (AZF) PPO	27	<input type="checkbox"/> \$509.00	28	<input type="checkbox"/> \$994.00	29	<input type="checkbox"/> \$1,081.00	30	<input type="checkbox"/> \$1,434.00		
United Healthcare (UHC) PPO	21	<input type="checkbox"/> \$519.00	22	<input type="checkbox"/> \$1,004.00	23	<input type="checkbox"/> \$1,091.00	24	<input type="checkbox"/> \$1,444.00		
PacifiCare Secure Horizons	31	<input type="checkbox"/> \$145.71	32	<input type="checkbox"/> \$291.42	33	<input type="checkbox"/> \$513.00	34	<input type="checkbox"/> \$592.00		
Gila and Pinal County Region: Gila and Pinal County										
Arizona Foundation (AZF) PPO	71	<input type="checkbox"/> \$509.00	72	<input type="checkbox"/> \$994.00	73	<input type="checkbox"/> \$1,081.00	74	<input type="checkbox"/> \$1,434.00		
Rural County Region: Yuma, La Paz, Mohave, Yavapai, Coconino, Navajo, Apache, Graham, Greenlee, and Cochise Counties										
Arizona Foundation (AZF) PPO	83	<input type="checkbox"/> \$509.00	84	<input type="checkbox"/> \$994.00	85	<input type="checkbox"/> \$1,081.00	86	<input type="checkbox"/> \$1,434.00		
Santa Cruz County Region: Santa Cruz										
Arizona Foundation (AZF) PPO	77	<input type="checkbox"/> \$473.00	78	<input type="checkbox"/> \$908.00	79	<input type="checkbox"/> \$1,092.00	80	<input type="checkbox"/> \$1,407.00		
Pima County Region: Pima County										
RAN+AMN (HMA) EPO	43	<input type="checkbox"/> \$291.00	44	<input type="checkbox"/> 582.00	45	<input type="checkbox"/> \$637.00	46	<input type="checkbox"/> \$768.00		
Schaller Anderson Healthcare (SA) EPO	37	<input type="checkbox"/> \$291.00	38	<input type="checkbox"/> 582.00	39	<input type="checkbox"/> \$637.00	40	<input type="checkbox"/> \$768.00		
United Healthcare (UHC) EPO	49	<input type="checkbox"/> \$301.00	50	<input type="checkbox"/> \$592.00	51	<input type="checkbox"/> \$647.00	52	<input type="checkbox"/> \$778.00		
Arizona Foundation (AZF) PPO	61	<input type="checkbox"/> \$473.00	62	<input type="checkbox"/> \$908.00	63	<input type="checkbox"/> \$1,092.00	64	<input type="checkbox"/> \$1,407.00		
United Healthcare (UHC) PPO	55	<input type="checkbox"/> \$483.00	56	<input type="checkbox"/> \$918.00	57	<input type="checkbox"/> \$1,102.00	58	<input type="checkbox"/> \$1,417.00		
PacifiCare Secure Horizons	65	<input type="checkbox"/> \$145.71	66	<input type="checkbox"/> \$291.42	67	<input type="checkbox"/> \$513.00	68	<input type="checkbox"/> \$592.00		
Out-of State										
Beech Street PPO	89	<input type="checkbox"/> \$509.00	90	<input type="checkbox"/> \$994.00	91	<input type="checkbox"/> \$1,081.00	92	<input type="checkbox"/> \$1,434.00		
NAU Only - Available in ALL Regions										
Blue Cross/Blue Shield of AZ PPO	95	<input type="checkbox"/> \$410.44	96	<input type="checkbox"/> \$821.10	97	<input type="checkbox"/> \$944.92	98	<input type="checkbox"/> \$1,108.94		
DENTAL PLAN SELECTION										
Monthly Premium Amounts			IVR/Plan Code	Retiree Only		IVR/Plan Code	Retiree & Dependent(s)			
<input type="checkbox"/> I AM ELECTING TO DECLINE DENTAL COVERAGE (WDNT)										
DELTA DENTAL			03	\$27.50		04	\$89.40			
METLIFE			07	\$27.50		08	\$85.96			
EMPLOYERS DENTAL SERVICES (EDS)			09	\$9.72		10	\$28.22			
ASSURANT DENTAL (FORTIS)			01	\$10.86		02	\$29.52			
DEPENDENTS (MUST BE LISTED FOR FAMILY COVERAGE)										
LAST NAME, FIRST NAME, M.I.	MEDICARE A=Medicare A B=Medicare B C=Medicare A & B D=Medicare Unknown E=No Medicare		RELATIONSHIP CODE S=Spouse C=Child G=Guardian P=Placed for adoption T=Stepchild		D.O.B	S.S. Number	Male or Female	Full Time Student Y or N	DIS- ABLED Y or N	ADD or DELETE A or D
02 Spouse	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<input type="checkbox"/> S							
03	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<input type="checkbox"/> C <input type="checkbox"/> G <input type="checkbox"/> P <input type="checkbox"/> T				<input type="checkbox"/> M <input type="checkbox"/> F			
04	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<input type="checkbox"/> C <input type="checkbox"/> G <input type="checkbox"/> P <input type="checkbox"/> T				<input type="checkbox"/> M <input type="checkbox"/> F			
I hereby certify that under penalty of perjury that the information provided in this application for health benefits is correct and true. I am aware that providing false information may subject me to a denial of health benefits, including false										
address, spouse, or dependent information, may subject me to disciplinary action, and potential prosecution pursuant to ARS Section 13-2310, 13-2311, 13-2407, 13-2702, and other applicable provisions of the law.										
SIGNATURE: _____ DATE: _____										
Return form to: ADOA Benefit Office, 100 N. 15th Ave., Suite 103, Phoenix, AZ 85007										
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Revised 7/29/04										